

Disclosure Report Cover

Amendment

☐ Yes☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Information

a. Full Name

COMMITTEE TO ELECT TYSON

c. ID Number

3CDFOS

b. Mailing Address (include City, State and Zip Code)

1914 TRENT BL VD
NEW BERN NC 28560

d. Date Filed

07-31-15

e. Phone Number

252 514-9157

2. Report Year

2015

3. Period Start Date (mm/dd/yy)

01/01/2015

4. Period End Date
(mm/dd/yy)

06/30/2015

5. Treasurer Full Name

RODGER C. WHITNEY

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent
☐ Expenditure
☐ Legal Expense Fund
- ☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report

(check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day

☐ Pre-primary☐ Pre-election☐ Pre-runoff☐ Semi-annual☐ Mid Year☐ Year End☐ Final☐ Special

State/County

- ☐ Organizational
☐ Quarterly

☐ First☐ Second☐ Third☐ Fourth☐ Semi-annual☒ Mid Year☐ Year End☐ Final☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum

☐ Final☐ Supplemental Final☐ Annual☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

FIRST CITIZENS

b. Purpose

CAMPAIGN
ACCOUNT

c. Account Code

1

d. Period Begin Balance

\$ 2161.67

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY

Date Received:

JUL 31 2015

Employee:

SFL

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
COMMITTEE TO ELECT TYSON		MID YEAR		3CDFOS	
Start of Election Cycle: January 1, <u>2015</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2161.67		\$ 2161.67	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 0	
6) Contributions from Individuals (CRO-1210)		\$ 0		\$ 0	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0		\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 45.72		\$ 45.72	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 45.72		\$ 45.72	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 891.69		\$ 891.69	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 891.69		\$ 891.69	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1315.70		\$ 1315.70	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

JUL 31 2015

Disbursements

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT TYSON					3CDFOS	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CITIZENS TO ELECT CHIP HUGHES FOR SHERRIFF 633-5857 1037 COLLETON WAY NEW BERN NC 28562						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 441.69	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CK	D	10/31/14	\$441.69		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CRAVEN COUNTY REPUBLICAN PARTY 2654 MLK BLVD NEW BERN NC 28560 649-0303						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 450.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	G	1-27-2015	\$350.00		
1	CHECK	G	1-27-15	\$100.00		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 891.69	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					\$ 891.69	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media R* - Printing C* - Fundraising D - To Another Candidate						

JUL 31 2015

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number		
COMMITTEE TO ELECT TYSON				3CDFOS		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments	
LCA VIDEO 1916 S GLENBURNIE DRIVE NEW BERN NC 28560 636-5860			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		REFUND OF OVERCHARGE	
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
			e. Level Registered (Specify)		h. Original Expenditure Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		10/31/2014	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Expenditure Amt				
		\$ 1060.00				
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose		
				j. Election Sum to Date		
				\$		
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount	
1	CK		01/20/2015		\$ 45.72	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments	
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
			e. Level Registered (Specify)		h. Original Expenditure Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County:			
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Expenditure Amt				
		\$				
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose		
				j. Election Sum to Date		
				\$		
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount	
					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments	
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
			e. Level Registered (Specify)		h. Original Expenditure Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County:			
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Expenditure Amt				
		\$				
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose		
				j. Election Sum to Date		
				\$		
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount	
					\$	
4. Total only this Page					\$ 45.72	
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 45.72	

CRO-1240

NC State Board of Elections

December 2007

JUL 31 2015